FORM M-1 MANUFACTURER'S DATA REPORT FOR AMUSEMENT DEVICES

1. Manufactured by: _____
(Name and address of Manufacturer)

2. Manufactured for: _____
(Name and address of purchaser)

3. Location of installation: _____
(Name and Address – permanent device only)

4. Manufacturer's Name for Device: _____

6. Manufacturer's Model Number: _____ Serial Number: _____
(manufacturer model number) *(manufacturer serial number)*

5. Manufacturer's Address _____
(Street) *(City/State)* *(Country / Zip Code)*

6. Date of manufacture: _____ Date of purchase: _____
(Date) *(Date)*

7. Name for Device if different from manufacturer's name: _____

8. Primary State of Registration: _____ State Registration Number: _____
(State) *(State or C.A.R.E.S. No.)*

9. Safety Devices: Rider restraining device: _____
(interlocking / non-interlocking / other / automatic set)

Operator set ❑ Patron set ❑ Type: _____
(lap, lap/sash, over shoulder, etc)

Overspeed device: _____
(device used)

Deadman switch: _____
(type used)

Secondary safety devices: _____
(device used)

Secondary safety devices: _____
(device used)

10. All materials used in the construction of this device conform to the following code(s):

_____
(List codes used in design and construction of this device)

11. Maximum RPM: _____ RPM 12. Maximum designed load per car/tub: _____ pounds

13. Power Supply
Voltage: _____ Number of phases: _____ Frequency: _____ KVA or kW rating: _____

14. Engine detail (if integral part of ride or device)
Type of engine _____ KW rating: _____ Drive: _____
(electric or hydraulic)

15. Maximum number of patrons permitted on or in device at any one time: _____

16. Maximum number of patrons permitted within any vehicle for ride cycle: _____

17. Maximum G-Force that may be applied to any patron during the duration of a ride cycle: _____

18. Minimum number, size and rating of fire extinguishers to be carried: _____

19. Direction of rotation: _____ 20. Maximum cycle time for ride operation: _____

21. Data Supplied: *(indicate here what data is supplied with ride and is expected to remain with it)*

		Yes	No	Other (see attached)
a.	Assembling /disassembling instructions	❍	❍	
b.	Operation / maintenance manual or instructions	❍	❍	
c.	Periodic safety inspection checklist	❍	❍	
d.	Emergency procedure checklist	❍	❍	
e.	Engineering Computations	❍	❍	
f.	Listing of components which, if subject to failure, could lead to danger	❍	❍	
g.	Drawings			
	General arrangement	❍	❍	
	Component drawings	❍	❍	
	Electrical wiring diagrams	❍	❍	
	Hydraulic / pneumatic schematics	❍	❍	
h.	Hazard / risk assessment documentation	❍	❍	
i.	Other data unique to this device	❍	❍	

CERTIFICATE OF ACCEPTANCE TESTS

22. Name of testing organization: _____

23. Address of testing organization: _____
(street) *(city / state / country / zip code)*

24. Name of person(s) conducting tests: _____
(Name) *(Certification held / Cert. No.)*

_____
(Name) *(Certification held / Cert. No.)*

25. Date of testing: _____

26. TEST PROCEDURE LOAD APPLIED

Over/full load: ___/___ Percent of full load _____

Partial load: ___/___ Percent of full load _____

Imbalance/stability: ___/___ Percent of full load _____

Number of vehicles used for imbalance or instability test: _____

27. General Description: Mobile or portable ❑ Fixed location (park model) ❑
Trailer mounted operation: ❑ Independent of trailer operation ❑

29. Signature of tester: _____

30 Signature and status of witness: _____

31 Initial owner (if known): _____

I, the undersigned, holding a valid Professional Engineers Stamp Number, or Certificate of Competency to Inspect Amusement Devices Number _____ issued in the state or province of _____ and employed by _____ have inspected and tested the parts of the amusement device referred to in this data report, and state that to the best of my knowledge and belief, the manufacturer has constructed this amusement device in accordance with _____.

By signing this certificate neither the inspector nor their employer makes any warranty, expressed or implied, concerning the amusement device described in this Manufacturer's Data Report. Furthermore, neither the Inspector nor their employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Date _____ Signed _____ Commissions _____
(Commissioned Inspector) *(A.I.M.S., NAARSO or Jurisdictional Commission)*